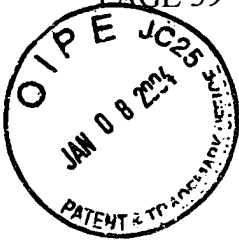


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PRELIMINARY AMENDMENT

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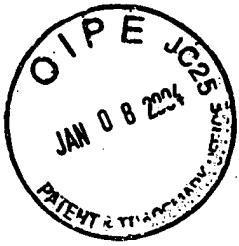
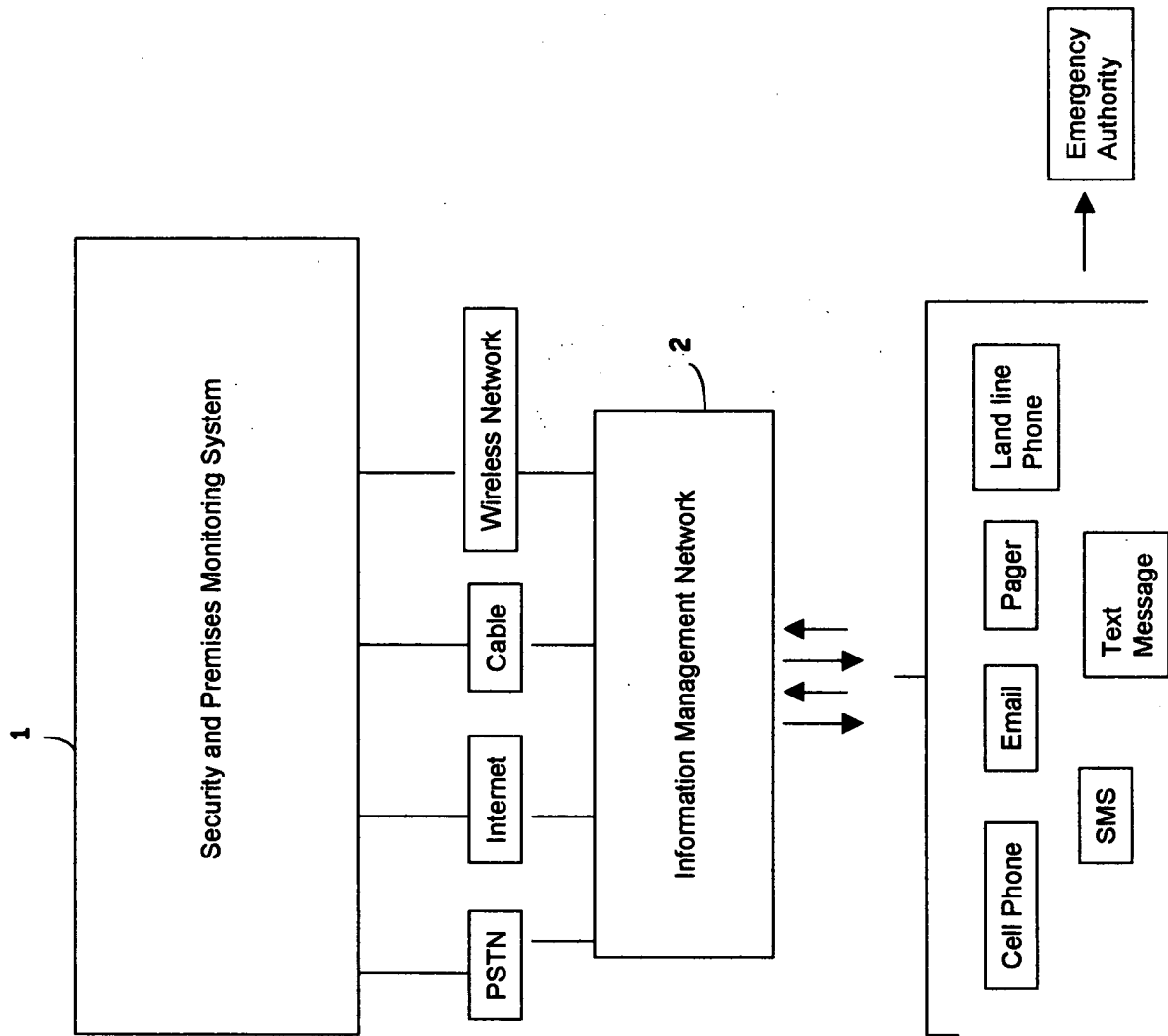
APPENDIX C: RED LINE DRAWINGS

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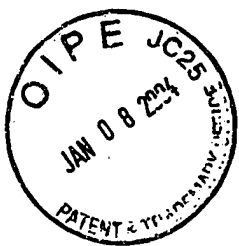
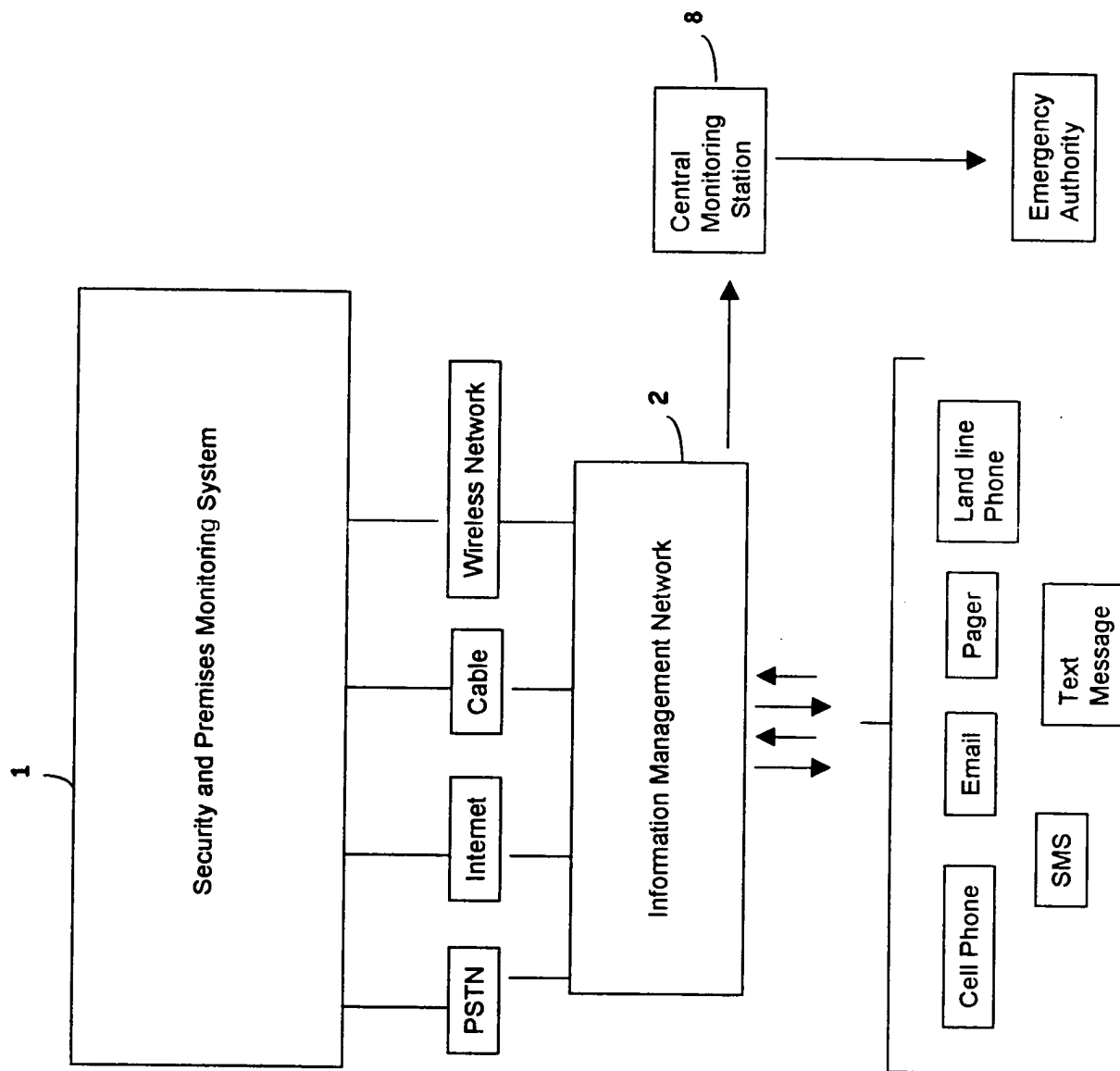
Figure 1.



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Figure 2.



O I P E J C 2 5
J A N 0 8 2 0 0 4
P A T E N T & T E L E P H O N E

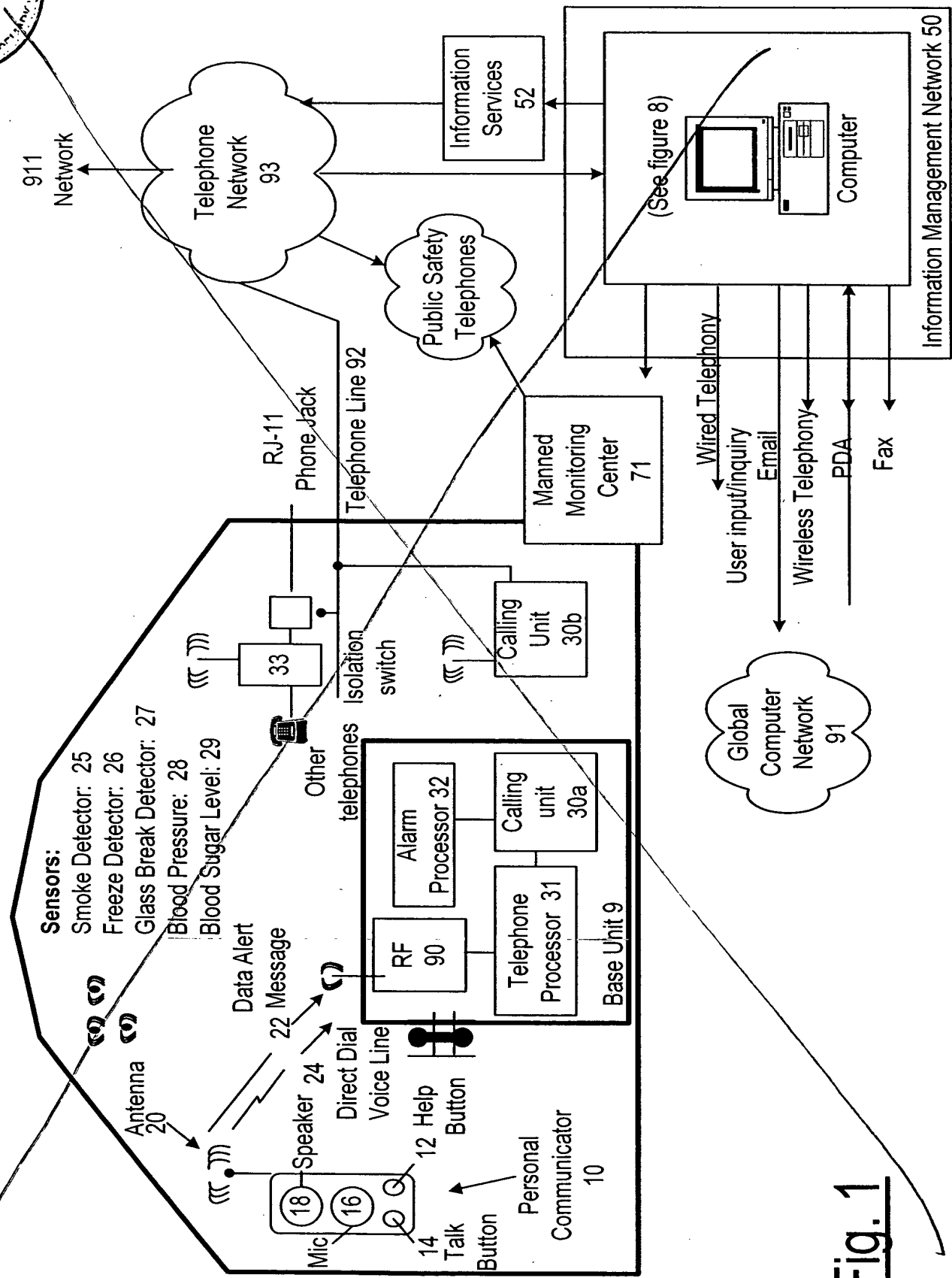


Fig. 1

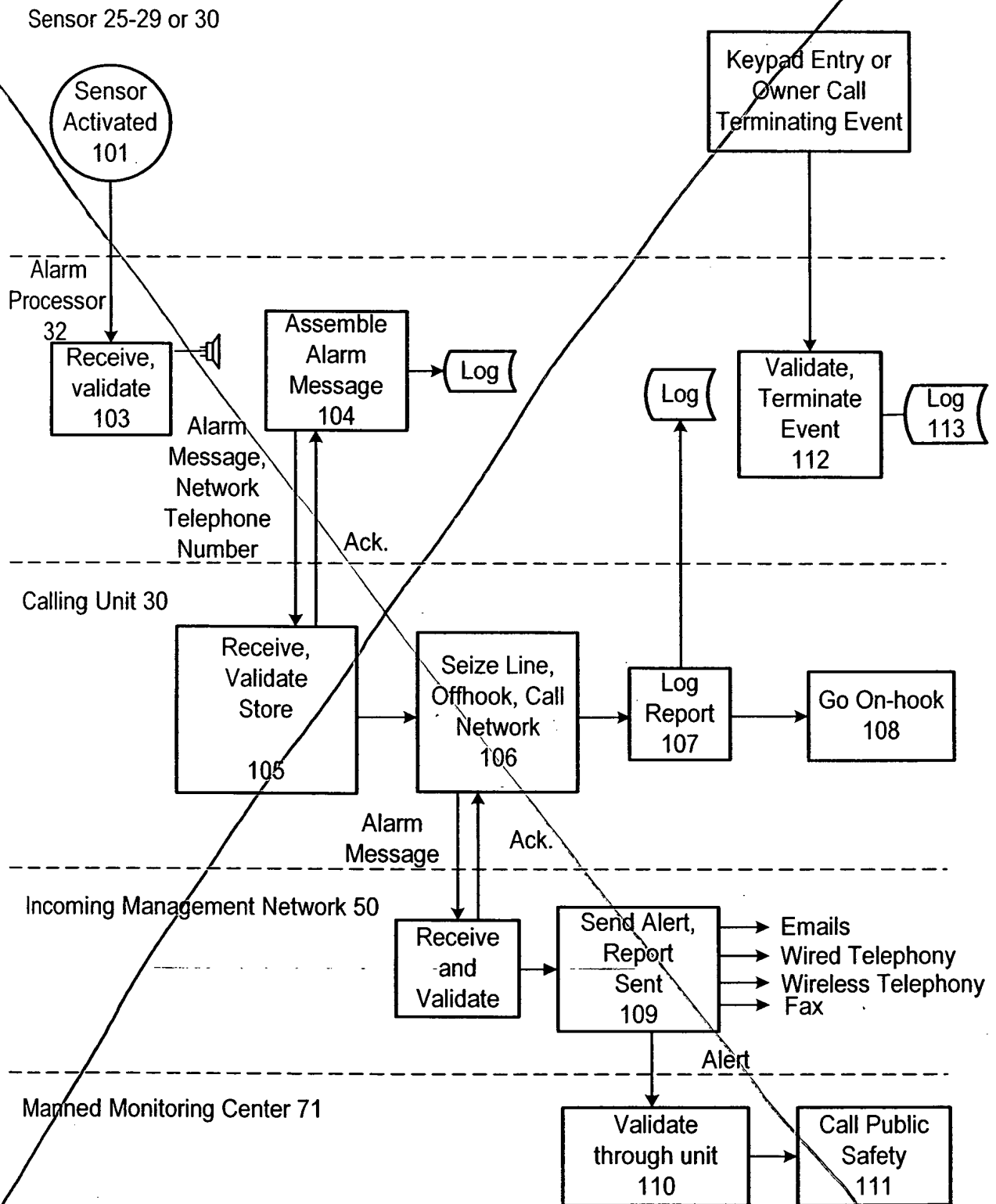
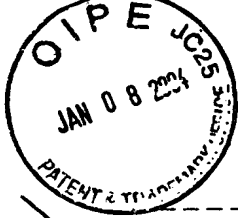


Fig. 2

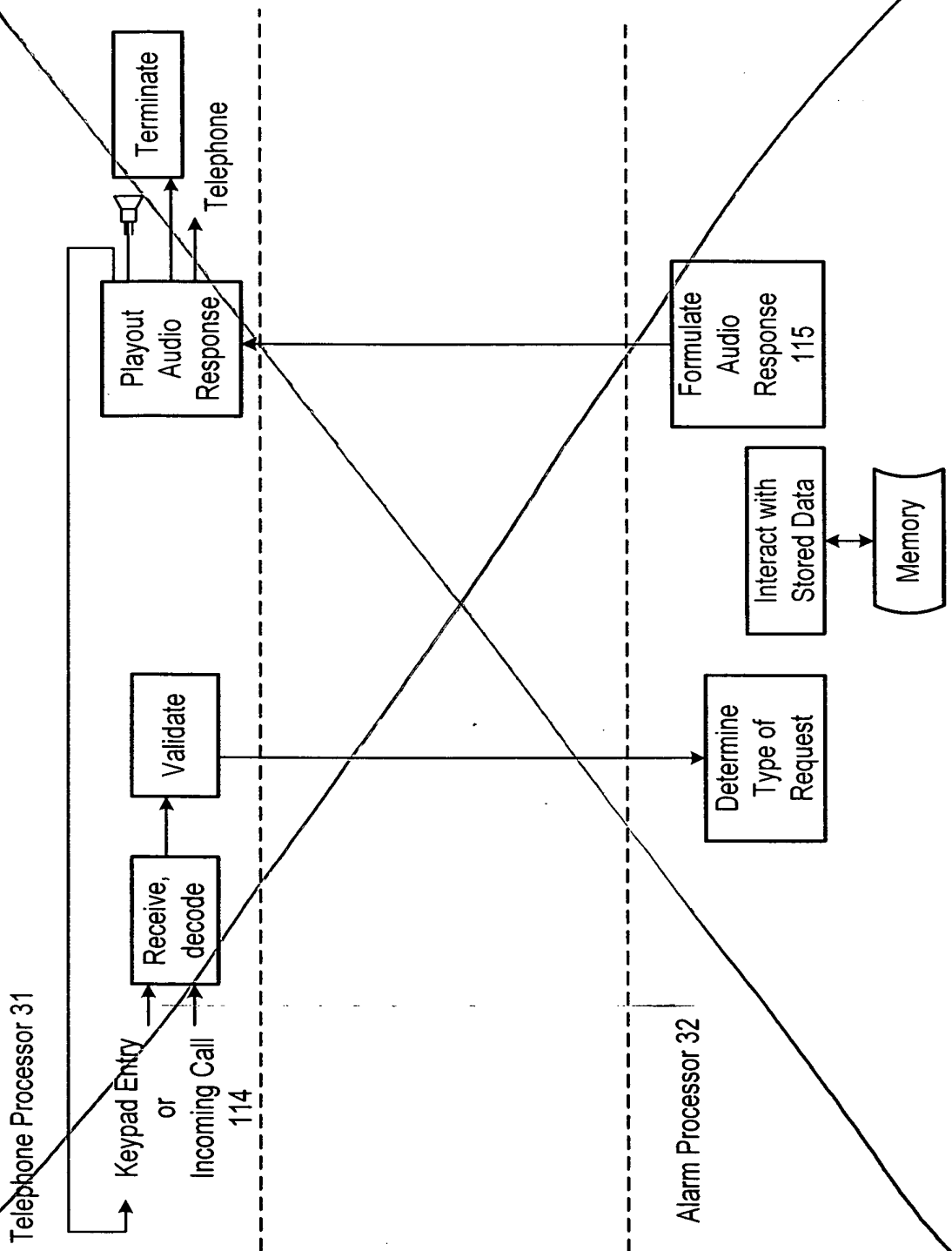


Fig. 3

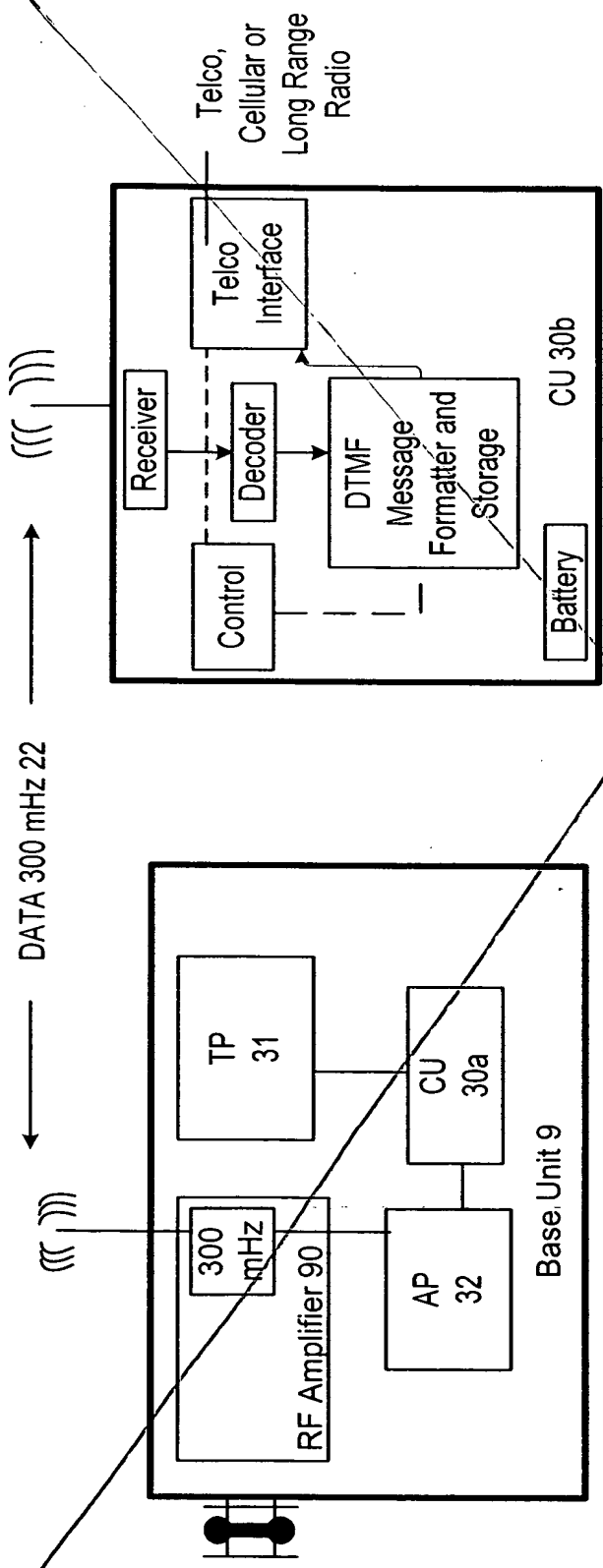


Fig. 4a

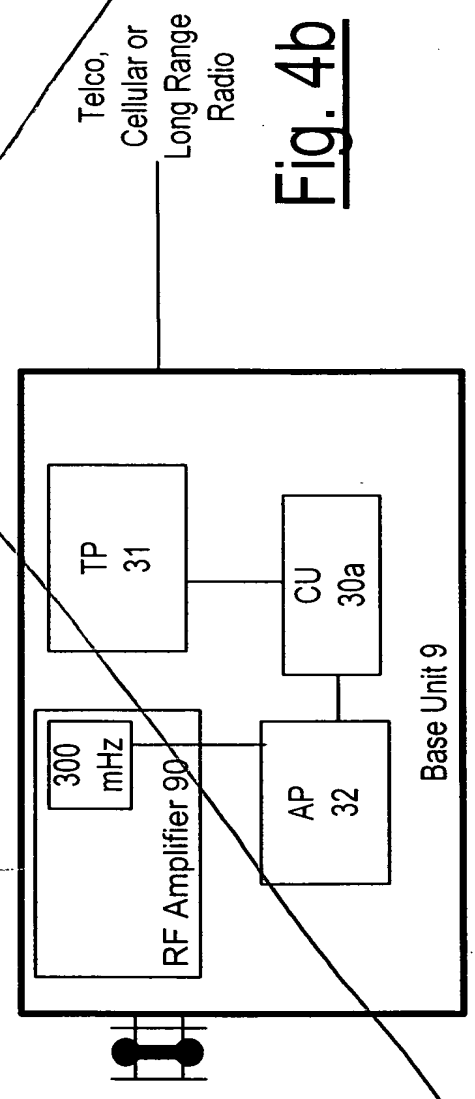


Fig. 4b

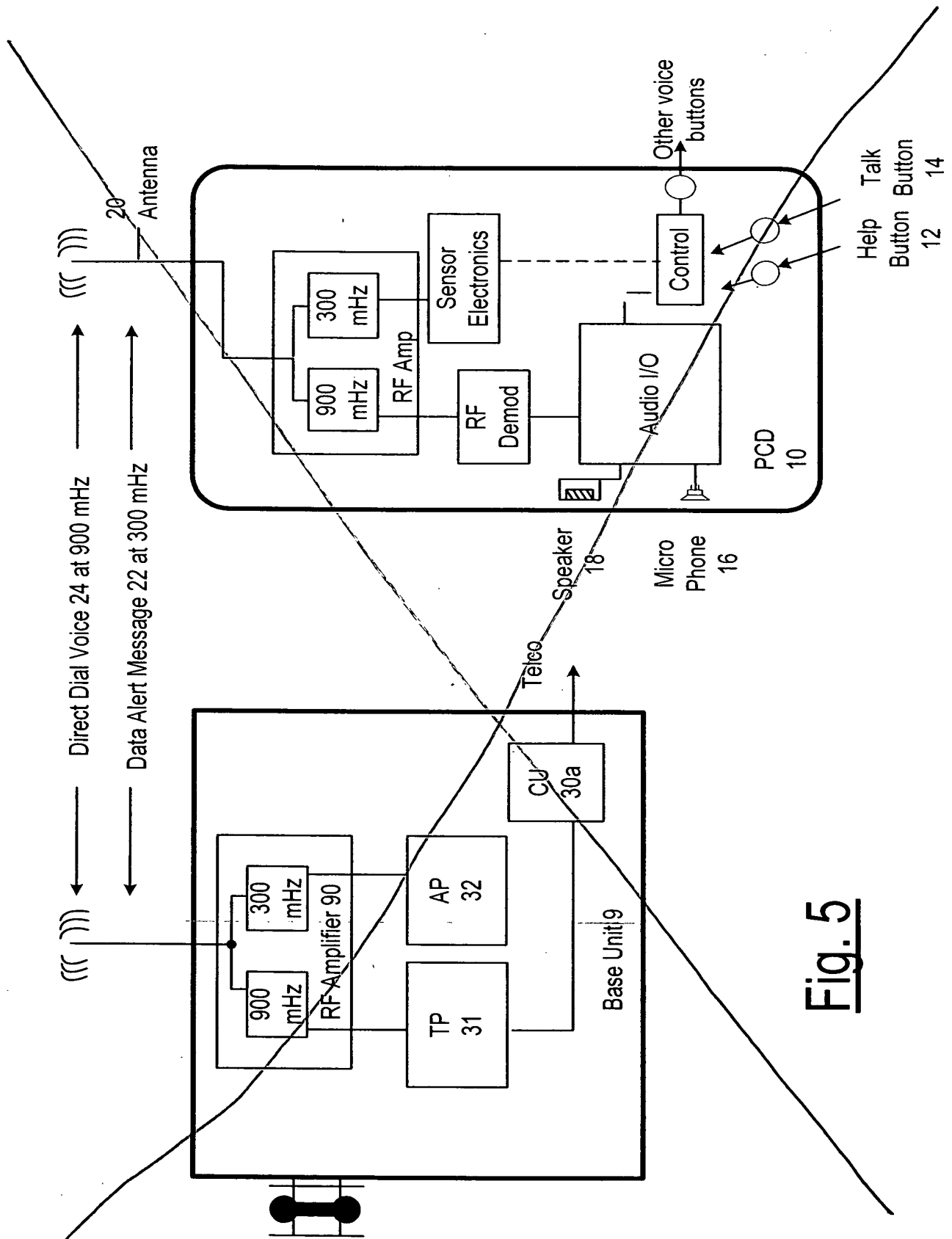
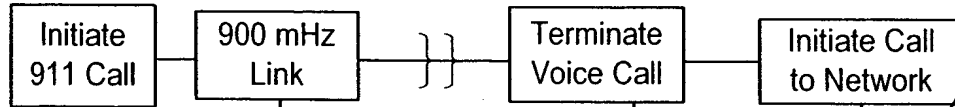
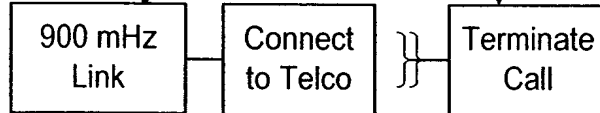


Fig. 5

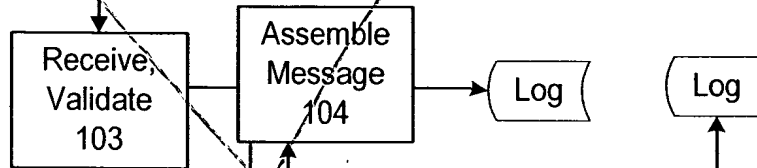
Personal Communicator 10



Telephone Processor 31

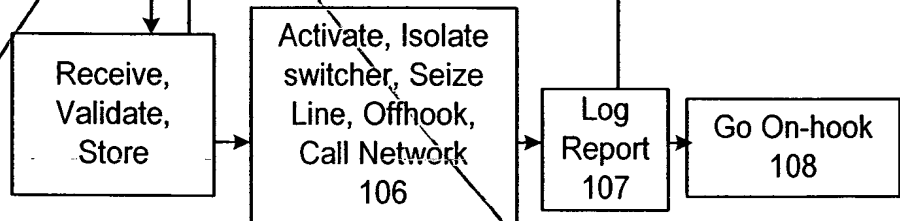


Alarm Processor 32



Alarm Message Network Telephone Number

Calling Unit 30



Information Management Network 50

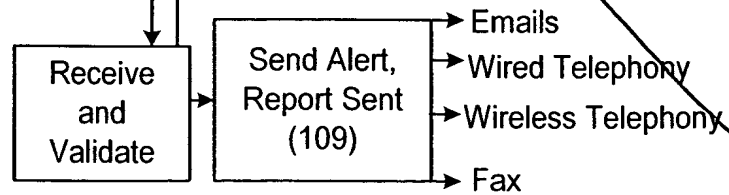


Fig. 6

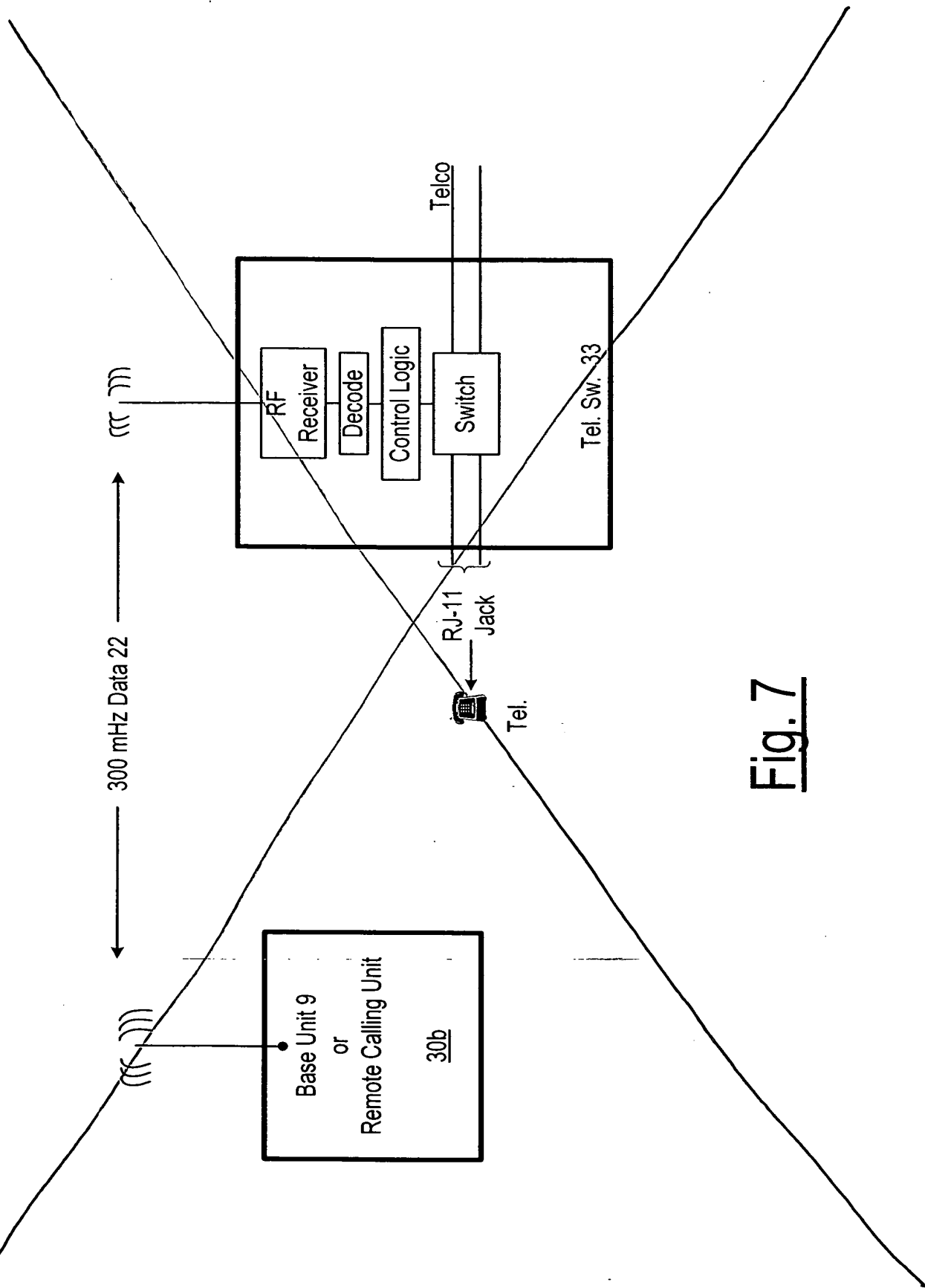


Fig. 7

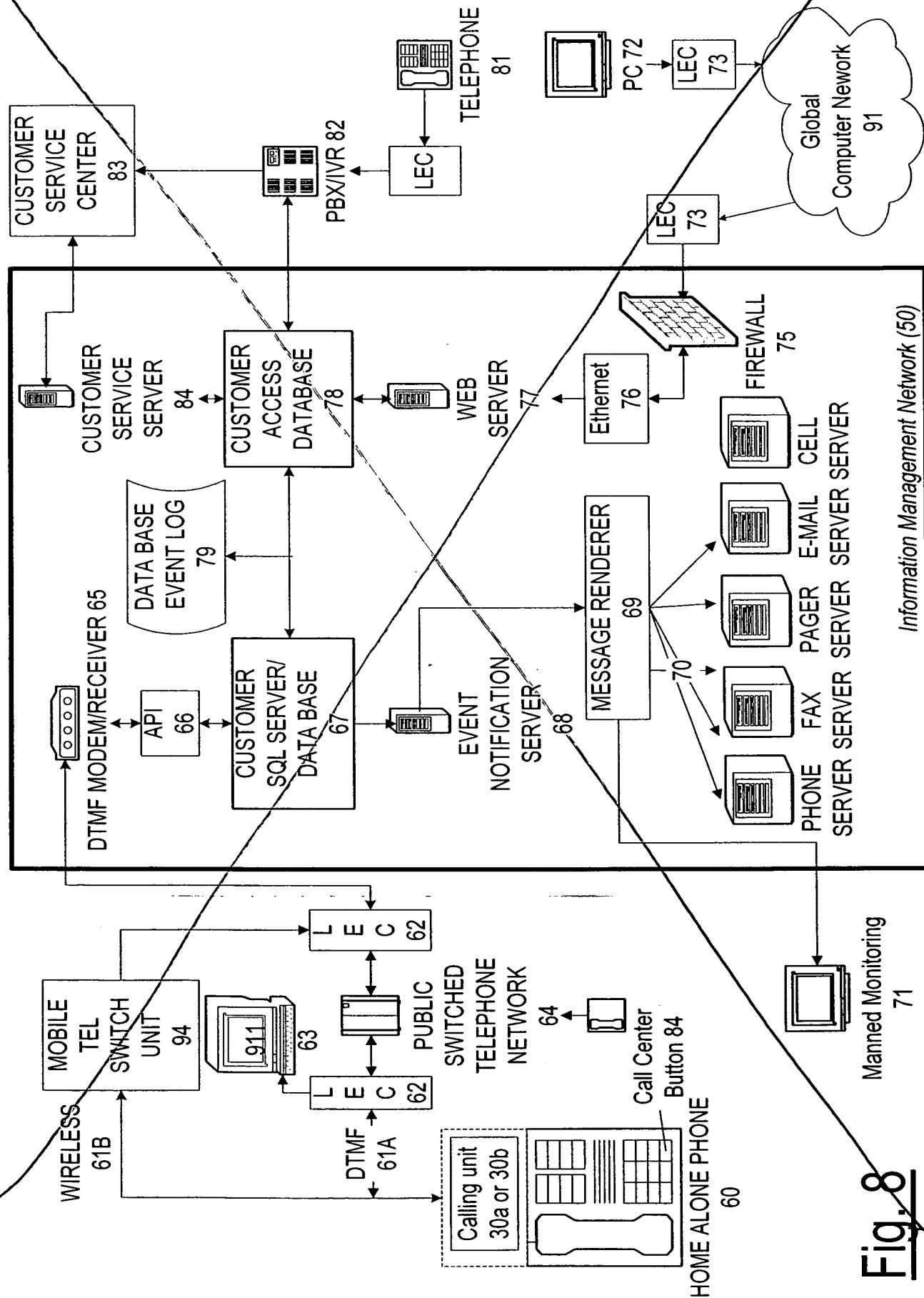


Fig. 8

FIG. 9A

CUSTOMER PROFILE INFORMATION

Last Name(20 sp.) First Name(12 sp.) Middle Initial (1 sp.)
Address

Number (8 spaces)

Street (25 spaces)

City(15 spaces) State(2 spaces) Zip (5 spaces - 4 spaces)

Home Phone Number (10 spaces) Work Number (10 spaces)

ALARM TEST

Contact Method:

Cell Phone _____

Cell Phone Number(15 spaces)

Home Phone _____

Home Phone Number(15 spaces)

Email _____

Email Address(27 spaces)

Fax _____

Fax Number(15 spaces)

Work _____

Work Phone Number(15 spaces)

Pager/Beeper _____

Pager Number(15 spaces)

MANNED MONITORING

Yes _____ No _____

If you select Manned Monitoring there will be an additional
charge of _____ each month for this service.

Manned Monitoring _____

Contact Number (15 spaces)

Police _____

Local Police Number (15 sp.)

Fire Dept _____

Local Fire Department (15 sp.)

PERSONAL MEDICAL INFO:

Doctor's Name (15 spaces)

Doctor's Phone Number (15 spaces)

Blood Pressure Checks(hours to be monitored)(15 sp.)

Glucose Checks (time of day for check) (6spaces)

Heart Monitor Yes _____ No _____

Time for heart monitor reporting (6 spaces)

FIG. 9B

CONTACT LIST

Contact 1

Contact Time

All Day: Yes _____ No _____

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

Contact 2:

Contact Time

All Day Yes _____ No _____

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

Contact 3:

Contact Time

All Day Yes _____ No _____

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

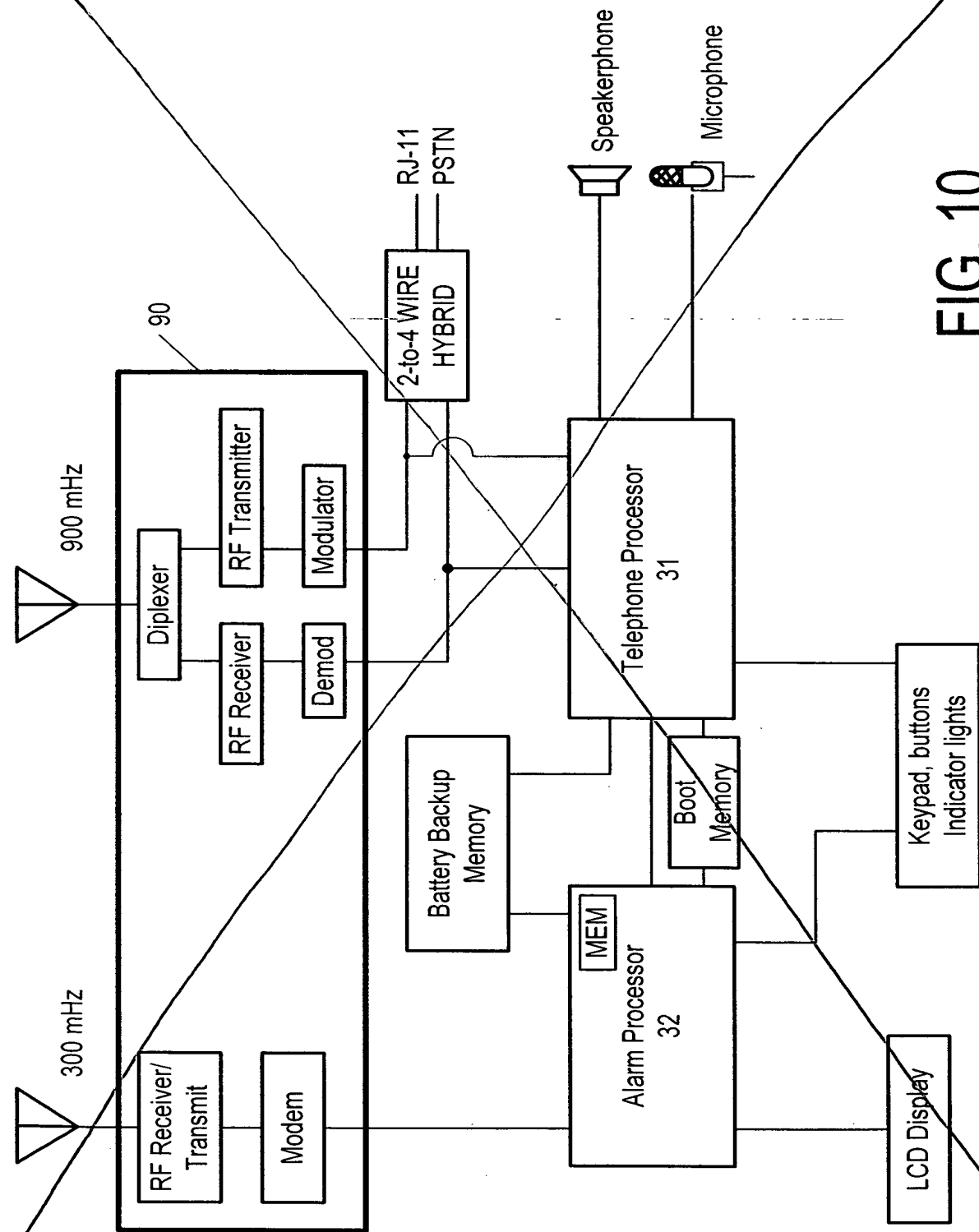


FIG. 10

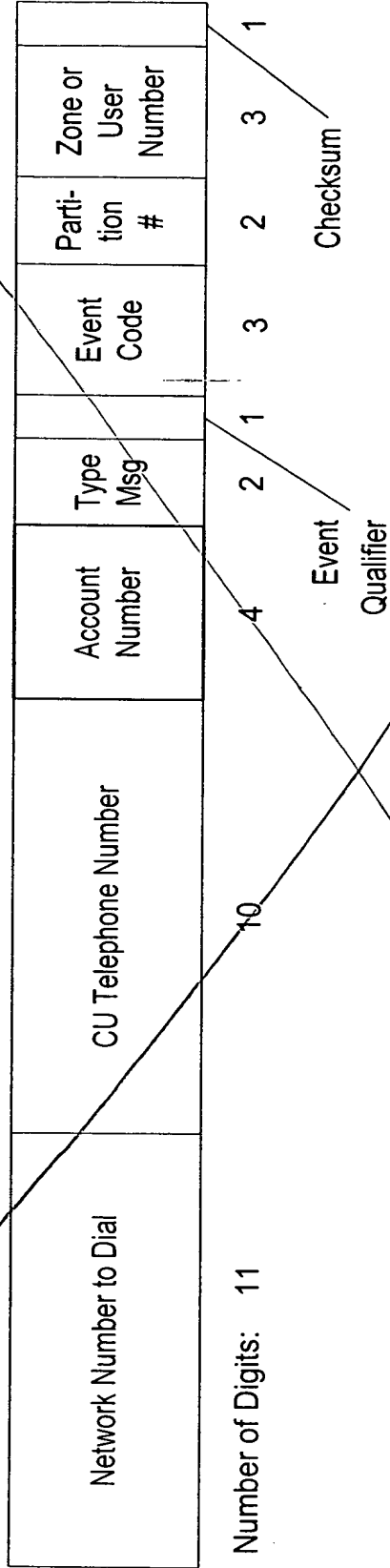


Fig. 11

Item	Number of DTMF Digits	Description
Network Number to Dial	11	The telephone number to be dialed for reporting alarms
Calling Unit Telephone Number	10	The telephone number of the telephone line to which the Calling Unit is connected.
Account Number	4	The user's account number
Type Message	2	Used to identify the message type and format
Event Qualifier	1	Describes whether the event is new, restored, closed, continuing, etc.
Event Code	3	Defines the type of alarm, or trouble, identifies test events, and system configuration changes. Medical event information would be included.
Partition Number	2	Defines the group or partition number.
Zone or User Number	3	Includes the zone number for events or user identification for open/close reports.
Checksum	1	Error detection code.

Fig. 12